Medical Services Administration

What does this appropriation support?

This appropriation funds administrative staffing, expense and equipment and contractor resources.

What is the authorization for this program?

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal regulations: 42 CFR, Part 432

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$7,753,457	$5,557,148	$3,881,733	$3,614,672
FEDERAL	$12,402,742	$10,267,925	$8,058,806	$7,777,445
OTHER	$2,082,371	$1,175,955	$1,222,983	$1,224,365
TOTAL	$22,238,570	$17,001,028	$13,163,522	$12,616,482

What are the sources of other funds?

Pharmacy Rebates Fund, Third Party Liability Collections Fund, Nursing Facility Quality of Care Fund, Health Initiatives Fund and Pharmacy Reimbursement Allowance Fund.

Is this a federally mandated program?

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

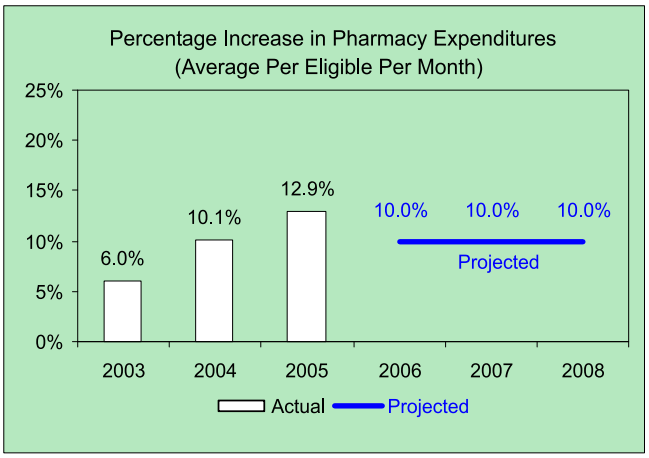
Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

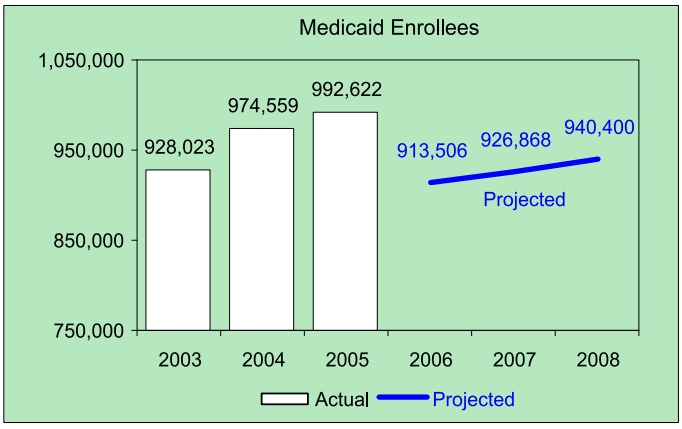
How many staff are budgeted for this program?

Budgeted Staff	
FY-2003	296
FY-2004	280
FY-2005	258
FY-2006	247

Efficiency and Effectiveness Measures:



How many people are served?



Pharmacy Program Management

What does this appropriation support?

With a pharmacy budget of over $1.1 billion in FY-2006, it is necessary to have resources to manage the program. The administrative rate is less than 0.6% of the total Medicaid pharmacy budget. Through the Pharmacy Enhancement Program, the Division of Medical Services is able to maintain current cost containment initiatives and implement new cost containment initiatives. Major initiatives include:

- Help Desk Staffing
- Quarterly Updates to the Missouri Maximum Allowable Cost (MAC)
- Maintenance and Updates to Fiscal and Clinical Edits
- Prospective and Retrospective Drug Use Review (DUR)
- Routine/Adhoc Drug Information Research
- Enrollment and Administration of Disease Management
- Enrollment and Administration of Case Management
- Preferred Drug List (PDL) and Supplemental Rebates

What is the authorization for this program?

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal regulations: 42 CFR, Part 432

Is this a federally mandated program?

Yes. Section 1902(a)(4) of the Social Security Act requires such methods of administration as necessary for proper and efficient administration of the Medicaid State Plan.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

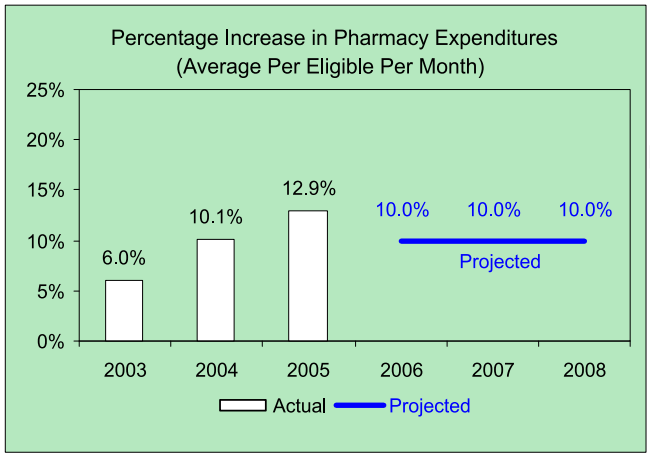
How many pharmacy claims are there?

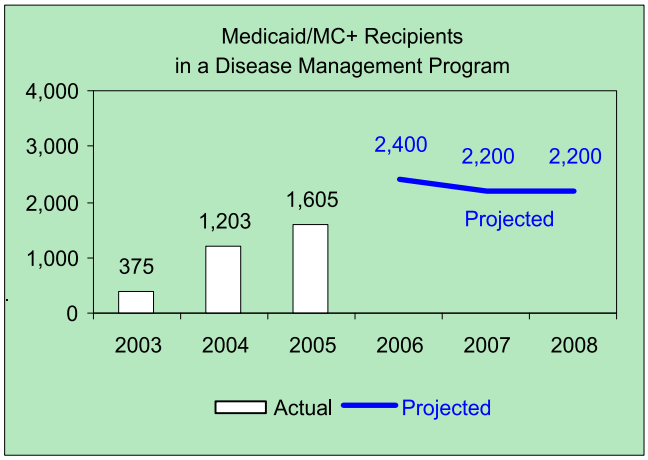
Number of Pharmacy Claims

SFY	Actual	Projected
2003	15.4 mil	16.2 mil
2004	17.1 mil	16.5 mil
2005	19.1mil	18.8 mil
2006		16.2 mil*
2007		10.4 mil
2008		11.4 mil

*Reduction in FY-2006 due to the Medicare Modernization Act (MMA)

Efficiency and Effectiveness Measures:





What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$2,182,089	$2,232,089
FEDERAL	$0	$0	$3,469,346	$3,602,788
OTHER	$0	$0	$562,521	$924,911
TOTAL	$0	$0	$6,213,956	$6,759,788

What are the sources of other funds?

Third Party Liability Collections Fund

Women and Minority Health Care Outreach

Women and Minority Health Care Outreach

What does this appropriation support?

This appropriation provides client outreach and education about the Medicaid program with a goal to reduce disparities in health care access for women and minority populations.

The current contractor is Missouri Primary Care Association. The contractor is paid for allowable costs related to establishing and implementing outreach programs not to exceed the appropriation cap.

What is the authorization for this program?

State statute: RSMo. 208.152, 208.201; Federal law: Social Security Act Section 1903(a); Federal regulations: 42 CFR, Part 433.15

Is this a federally mandated program? No.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$428,920	$705,772	$648,534	$529,741
FEDERAL	$445,869	$728,814	$687,181	$568,625
OTHER	$0	$0	$0	$0
TOTAL	$874,789	$1,434,586	$1,335,715	$1,098,366

What are the sources of other funds?

Not applicable

Who is eligible?

Services are directed toward low-income women and minorities who are uninsured or eligible for Medicaid.

How many people have been served?

Prenatal Care Users Who Delivered During the Year

SFY	Actual	Projected
2003	2,286	N/A
2004	2,332	2,469
2005	2,867	2,667
2006		3,182
2007		3,596
2008		4,064

Number of Normal Births

SFY	Actual	Projected
2003	2,012	N/A
2004	2,100	2,133
2005	2,809	2,261
2006		3,118
2007		3,523
2008		3,981

Medicaid Revenue Maximization

What does this appropriation support?

This appropriation supports staff who identify ways to earn additional federal funds and research ways to avoid costs.

What is the authorization for this program?

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4); Federal regulations: 42 CFR Part 432

Is this a federally mandated program?

Yes. Section 1902(a) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$0	$0
FEDERAL	$64,268	$62,077	$63,866	$91,514
OTHER	$63,253	$59,525	$62,125	$91,514
TOTAL	$127,521	$121,602	$125,991	$183,028

What are the sources of other funds?

Federal Reimbursement Allowance Fund

How many staff are budgeted for this program?

Budgeted Staff	
FY-2003	4
FY-2004	4
FY-2005	4
FY-2006	4

Efficiency and Effectiveness Measures:

FRA as a Funding Source in the Various Appropriations	
Managed Care	$109,064,837
Hospital	$149,992,328
HCA-1115 Waiver Adults	$167,756
CHIP	$7,719,204
Revenue Maximization Administration	$91,514

Information Services

What does this appropriation support?

It supports processing fee for service claims and managed care encounter data through a contractor for the Medicaid Management Information System (MMIS). It also provides for operation of the Medicaid Fraud and Abuse Detection System.

What are the expenditures?

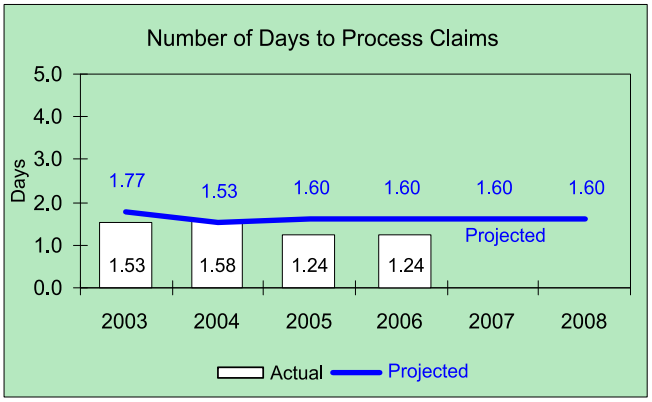
	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$5,956,099	$6,340,532	$5,883,129	$5,370,629
FEDERAL	$16,216,279	$18,473,731	$17,567,731	$16,605,131
OTHER	$0	$0	$0	$0
TOTAL	$22,172,378	$24,814,263	$23,450,860	$21,975,760

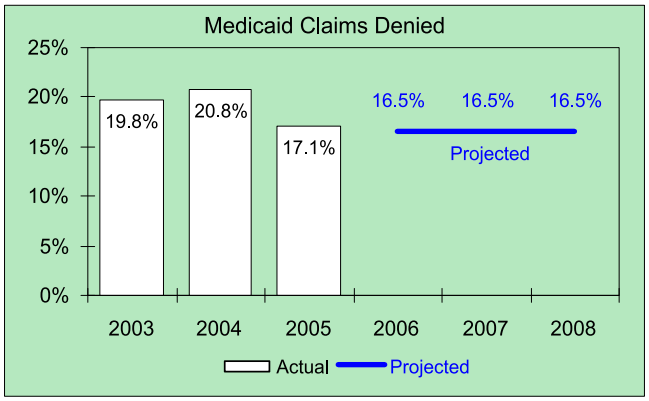
The Information Systems (IS) program area includes the MMIS contract and the Medicaid Fraud and Abuse Detection System (FADS). The primary function of Information Systems is to provide the tools and data needed to support administrative and financial decisions and to process fee-for-service claims and MC+ managed care encounter data. IS focuses on the gathering, maintenance, analysis, and output of information and data related to claims and a multitude of claims-related interfaces. It is additionally responsible for providing the software and hardware support needed to measure, analyze, assess and manipulate this information in the process of decision making and formulating and testing new systems.

What is the authorization for this program?

State statute: RSMo. 208.201; Federal law: Social Security Act Section 1902(a)(4) and 1903(a)(3); Federal Regulation 42 CFR Part 433 Subpart C

Efficiency and Effectiveness Measures:





What are the sources of other funds?

Not applicable.

Are there federal matching requirements?

Expenditures for MMIS operations have three different federal financial participation (FFP) rates. The majority of MMIS expenditures earn 75% FFP and require 25% state share. Approved system enhancements earn 90% FFP and require 10% state share. Postage earns 50% FFP and requires 50% state share.

Is this a federally mandated program?

Yes. Section 1902 (a) (4) of the Social Security Act requires such methods of administration as necessary for the proper and efficient administration of the Medicaid State Plan.

How many claims have been processed?

Payment Claims and Encounter Claims Processed

SFY	Actual	Projected
2003	73.6 mil	76.2 mil
2004	78.1 mil	79.5 mil
2005	82.0 mil	84.3 mil
2006		86.1 mil
2007		90.4 mil
2008		94.9 mil

Third Party Liability (TPL) Contract

Third Party Liability (TPL) Contract

What does this appropriation support?

It provides payments for contracted TPL recovery activities. By identifying other insurance carriers, Medicaid is able to cost avoid or recover costs already incurred.

The current contractor is Health Management Systems. The contractor is paid for its services on a contingency basis through a portion of cash recoveries. The contractor is working on several special one-time projects for recoveries approved by the division.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$0	$0
FEDERAL	$881,404	$1,184,418	$929,877	$3,000,000
OTHER	$881,404	$1,184,231	$929,271	$3,000,000
TOTAL	$1,762,808	$2,368,649	$1,859,148	$6,000,000

What are the sources of other funds?

Third Party Liability Collections Fund

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

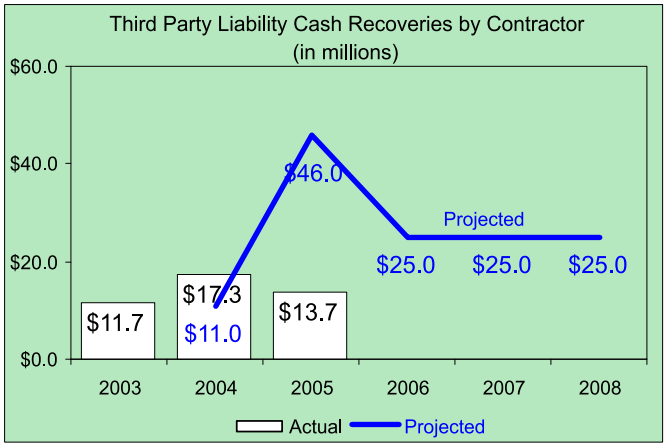
What is the authorization for this program?

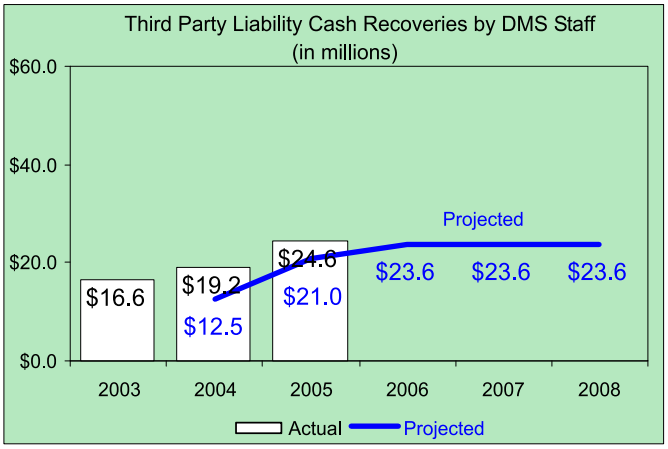
State statute: RSMo. 208.153, 208.215; Federal law: Social Security Act, Section 1902, 1903, 1906, 1912, 1917; Federal regulation: 42 CFR 433 Subpart D

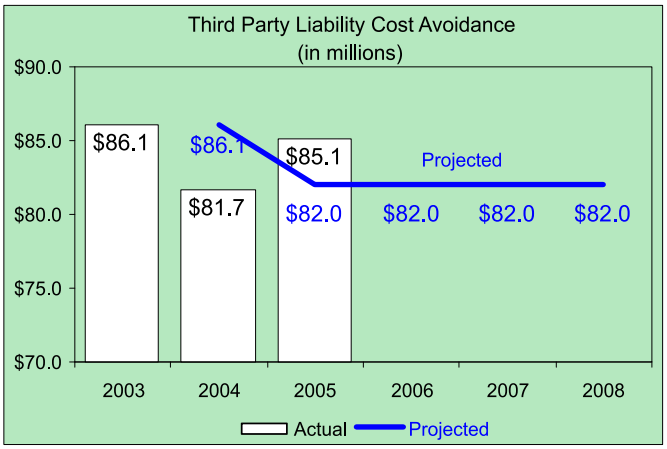
Is this a federally mandated program?

Yes, if cost effective. In order to not pursue a TPL claim, the agency must obtain a waiver from CMS by proving that a cost recovery effort is not cost effective.

Efficiency and Effectiveness Measure:







Managed Care Enrollment

What does this appropriation support?

It provides payment for the Health Benefit Manager Contract. The contractor provides all enrollment services for the MC+ managed care program.

The current contractor is Policy Studies Inc. The contractor is paid a firm, fixed price per member, per month.

What is the authorization for this program?

State statutes: RSMo. 208.166; Federal law: Social Security Act Section 1915(b), 1115 Waiver; Federal regulation: 42 CFR 438

Is this a federally mandated program? No.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding.

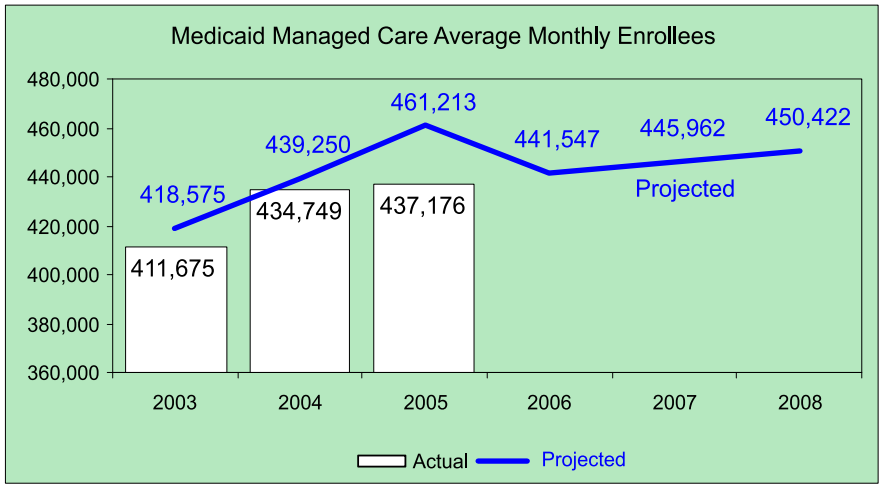
What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$106,298	$101,228	$80,124	$0
FEDERAL	$3,110,113	$1,910,113	$1,779,479	$1,910,113
OTHER	$0	$0	$0	$0
TOTAL	$3,216,411	$2,011,341	$1,859,603	$1,910,113

What are the sources of other funds?

N/A

How many people have been served?



Pharmacy

What does this appropriation support?

This Pharmacy Services appropriation provides funding for fee-for-service eligibles for prescription drugs produced by manufacturers for which there exists a rebate agreement between the manufacturer and the federal Department of Health and Human Services (HHS) and dispensed by qualified providers. Since January 1, 1991, Missouri Medicaid has provided reimbursement for all outpatient drugs (except for those which are specifically excluded or for which prior authorization is necessary) for which there is a manufacturer's rebate agreement. While over-the-counter preparations do not require a prescription for sale to the general public, a prescription for those selected types of over-the-counter products that qualify for Medicaid coverage is required in order for the product to be reimbursable. In general terms, Missouri Medicaid drug reimbursement is made at the lower of: the Average Wholesale Price (AWP) less 10.43%, the Wholesale Acquisition Cost (WAC) plus 10%, the Federal Upper Limit (FUL), the Missouri Maximum Acquisition Cost (MAC) plus the professional dispensing fee or the billed charge.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$205,915,571	$235,922,953	$284,608,058	$198,393,791
FEDERAL	$487,850,574	$577,668,034	$700,240,767	$549,773,711
OTHER	$127,446,445	$137,876,560	$172,945,400	$136,661,391
TOTAL	$821,212,590	$951,467,547	$1,157,794,225	$884,828,893

What are the sources of other funds?

Pharmacy Reimbursement Allowance Fund, Pharmacy Rebates Fund, Health Initiatives Fund, Healthy Families Trust Fund-Health Care Account, Third Party Liability Fund and Intergovernmental Transfer Fund (not available in FY-2006)

How many people are served?

Number of Pharmacy Claims

FY	Actual	Projected
2003	15.4 mil	16.2 mil
2004	17.1 mil	16.5 mil
2005	19.1 mil	18.8 mil
2006		16.2 mil*
2007		10.4 mil
2008		11.4 mil

*Reduction in FY-2006 due to the Medicare Modernization Act (MMA)

Average Monthly Pharmacy Users

FY	Actual	Projected
2003	253,178	
2004	272,828	
2005	291,081	293,290
2006		240,300
2007		188,900**
2008		214,400

**Reduction in FY-2007 due to the Medicare Modernization Act (MMA)

What is the authorization for this program?

State statutes: RSMo. 208.152, 208.166; Federal law: Social Security Act Section 1902(a)(12); Federal regulation: 42 CFR 440.120

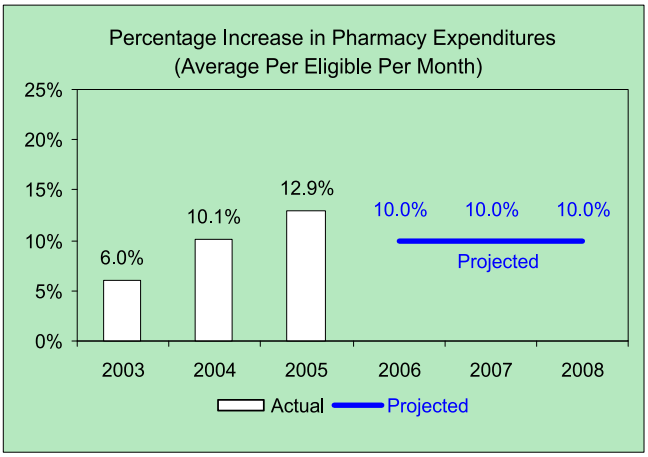
Is this a federally mandated program?

Yes for children. No for adults.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

Efficiency and Effectiveness Measure:



Pharmacy Clawback

What does this appropriation support?

This is a new section requested in FY-2006. The funding is a transfer from the Pharmacy section for "clawback" payments to the federal government.

The Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003 requires that all individuals who are eligible for both Medicare and Medicaid begin receiving their prescription drugs through the Medicare Part D program. This change will result in a significant shift in benefits for elderly and disabled dual eligible beneficiaries because they will receive their drugs through a prescription drug plan (PDP) rather than through the state Medicaid program.

Beginning in FY-2006, states will be required to make a monthly payment to the federal government to, in effect, re-direct the money that the states would have spent on providing prescription drugs to beneficiaries in Medicaid. The clawback will consist of a monthly calculation based on the combination of (a) the state's per capita spending on prescription drugs in 2003, (b) the state Medicaid matching rate, (c) the number of dual eligibles residing in the state, and (d) a "phase-down percentage" of state savings to be returned to the federal government, beginning with 90% in 2006 and phasing down to 75% in 2015.

The federal government refers to this payment as the "Phased-down State Contribution", whereas the states more appropriately refer to the payment as the "Clawback". This clawback payment is, in effect, a funding source for the Medicare Part D program. In theory, it uses the General Revenue that the state would have paid for the Medicaid pharmacy benefit for funding the Part D program.

What is its statutory authority?

Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003

Is this a federally mandated program?

Yes, the states are required to make a monthly payment to the federal government to re-direct the money that the states would have spent on providing prescription drugs to beneficiaries in Medicaid.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2003* Actual	FY 2004* Actual	FY 2005* Actual	FY 2006 Planned
GR	$0	$0	$0	$97,407,513
FEDERAL	$0	$0	$0	$0
OTHER	$0	$0	$0	$0
TOTAL	$0	$0	$0	$97,407,513

*No expenditures in prior years. Program is expected to begin in January 2006.

What are the sources of other funds?

Not applicable

Physician Services

What does this appropriation support?

It supports payment for services provided to fee for service Medicaid/MC+ recipients for physicians, psychologists, clinics, lab and x-ray, nurse midwife, podiatry, certified registered nurse anesthetist, anesthesiologist assistant, independent diagnostic testing facility, rural health clinic, nurse practitioner and federally qualified health centers.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$95,101,809	$109,479,804	$136,397,546	$136,366,955
FEDERAL	$172,666,269	$183,328,901	$220,640,665	$238,506,381
OTHER	$2,288,578	$2,251,152	$2,481,152	$4,022,128
TOTAL	$270,056,656	$295,059,857	$359,519,363	$378,895,464

What is its statutory authority?

State statutes: RSMo. 208.153, 208.166; Federal law: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d); Federal regulations: 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B

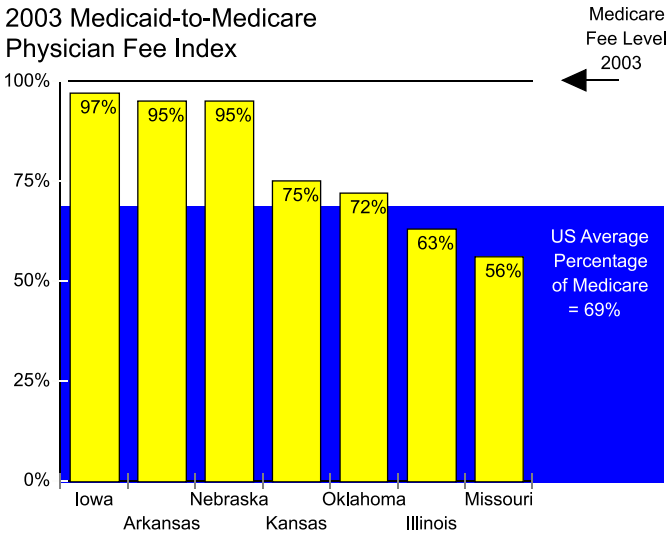
Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program. (Some services are optional: podiatry, clinics, nurse practitioners and certified nurse anesthetist.)

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

Efficiency and Effectiveness Measures:



Source: Stephen Zuckerman, Joshua McFeeters, Peter Cunningham and Len Nichols, Health Tracking, Changes In Medicaid Physician Fees, 1998-2003: Implications For Physician Participation, June 23, 2004, citing Urban Institute, Health System Change 2003 Physician Fee Survey

What are the sources of other funds?

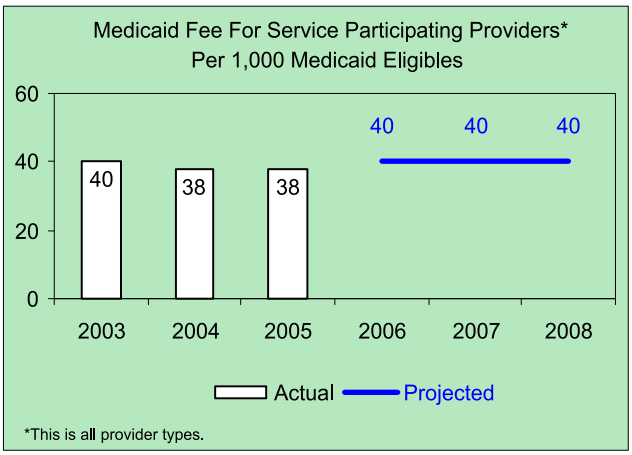
Third Party Liability Collections Fund, Health Initiatives Fund and Healthy Families Trust Fund-Health Care Account

Who is eligible?

Physician services are available to fee for service Medicaid/MC+ eligibles. In the regions of the state where MC+ managed care has been implemented, enrollees have physician services available through the MC+ managed care health plan.

How many people have been served?

Average Monthly Physician Users	Actual	Projected
2003	194,310	
2004	209,756	
2005	232,693	228,424
2006		233,020
2007		242,796
2008		269,121



Dental

What does this appropriation support?

It provides payment for dental services for fee for service Medicaid/MC+ recipients.

Dental services are typically those diagnostic, preventative and corrective procedures provided by a licensed dentist or dental hygienist performing within his/her scope of practice. The dentist must be enrolled in the Missouri Medicaid program. Generally, dental services include: treatment of the teeth and associated structure of the oral cavity; preparation, fitting and repair of dentures and associated appliances; and treatment of disease, injury or impairments that affect the general oral health of a recipient.

What is its statutory authority?

State statutes: RSMo. 208.152, 208.166; Federal law: Social Security Act Section 1905(a)(10); Federal regulation: 42 CFR 440.100

Is this a federally mandated program?

No for adults. Yes for children.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$4,252,725	$2,693,467	$12,193,775	$2,934,135
FEDERAL	$8,147,641	$5,750,170	$20,078,940	$6,355,215
OTHER	$919,935	$917,800	$917,800	$917,800
TOTAL	$13,320,301	$9,361,437	$33,190,515	$10,207,150

Note: FY-2003 and FY-2004 appropriation was cut to eliminate adult dental services. Services were restored and payments for adult dental were paid from the Medicaid supplemental pool.

What are the sources of other funds?

Health Initiatives Fund and Healthy Families Trust Fund-Health Care Account

Who is eligible?

Dental services are available to all Medicaid eligibles*. Limited benefits are available for Qualified Medicare Beneficiaries (QMBs) and 1115 Waiver Adults. In the regions of the state where MC+ managed care has been implemented, child enrollees have dental services available through the MC+ managed care health plans.

How many people have been served?

Users of Dental Services Average/Month

	Actual	Projected
2003	10,183	N/A
2004	13,496	11,284
2005	16,039	15,624
2006		7,293*
2007		3,706
2008		3,780

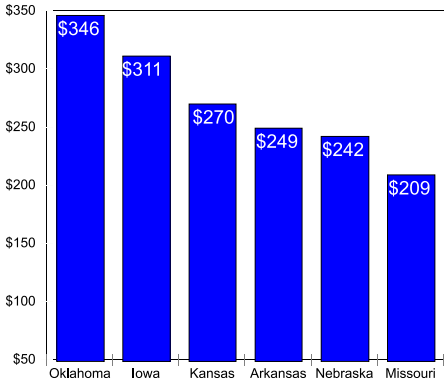
Average Units/Service Average/Month**

	Actual	Projected
2003	3.87	N/A
2004	3.88	4.19
2005	4.07	4.50
2006		4.15
2007		4.24
2008		4.33

*Effective September 1, 2005, dental services are available only to children, pregnant women, the blind, and nursing facility residents. Dental services are available to other adults if the dental care is related to trauma or a disease/medical condition.
**Represents units of service not trips to the dentist.

Efficiency and Effectiveness Measures:

Dental Medicaid/MC+ Expenditures Per Recipient (FFY-2001)



*Based on Center for Medicare and Medicaid FFY-2001 expenditures

Missouri Medicaid Dental Average Cost/Service

	Actual	Projected
2003	$44.08	N/A
2004	$43.43	$44.20
2005	$43.45	$44.14
2006		$39.87
2007		$39.07
2008		$39.46

Premium Payment

What does this appropriation support?

It pays for health insurance premiums for eligible recipients. Payments include premiums for Medicare Part A, B and group health insurance premiums provided under the Health Insurance Premium Payment (HIPP) program. This transfers medical costs from Medicaid to Medicare and other payers.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$28,175,314	$31,199,490	$36,876,481	$47,564,950
FEDERAL	$45,080,856	$50,414,133	$59,482,474	$78,273,091
OTHER	$0	$0	$0	$0
TOTAL	$73,256,170	$81,613,623	$96,358,955	$125,838,041

What are the sources of other funds?

Not applicable.

What is its statutory authority?

State statute: RSMo. 208.153; Federal law: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal regulation: 42 CFR 406.26 and 431.625

How many people have been served?

Recipients Receiving Premium Payment

	Part A		Part B		HIPP	
FY	Actual	Projected	Actual	Projected	Actual	Projected
2003	684	686	96,443	95,325	*	*
2004	735	690	101,096	98,322	*	*
2005	792	766	106,394	105,480	7,953	*
2006		855		111,714		8,351
2007		923		117,300		8,769
2008		997		123,165		9,208

*Not Available

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program.

Efficiency and Effectiveness Measure:

HIPP Cost Avoidance

FY	Actual	Projected
2003	$2.52 Mil	N/A
2004	$1.93 Mil	N/A
2005	$2.55 Mil	N/A
2006		$2.50 Mil
2007		$2.50 Mil
2008		$2.50 Mil

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

Who is eligible?

- Part A (Hospital) premium payment can be made for:
  - Qualified Medicare Beneficiaries (QMBs)
  - Qualified Disabled Working Individuals
- Part B (Medical) premium payment can be made for:
  - Individuals that meet certain income standards
  - Qualified Medicare Beneficiaries (QMBs)
  - Specified Low-Income Medicare Beneficiaries
- HIPP:
  - Provisions of OBRA 90 require states to purchase group health insurance for a Medicaid recipient when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with Medicaid funds.

Nursing Facilities

What does this appropriation support?

It provides payment for long term nursing care for Medicaid recipients.

What is its statutory authority?

State statutes: RSMo. 208.152, 208.153; Federal law: Social Security Act Section 1905(a)(4); Federal regulations: 42 CFR 440.40 and 440.210

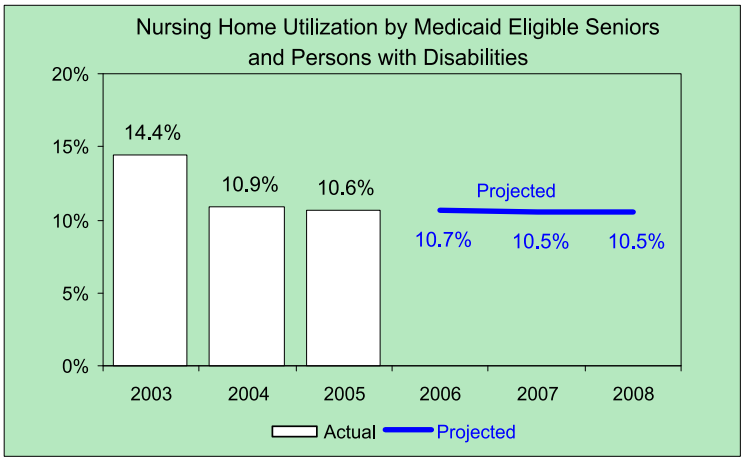
Is this a federally mandated program?

Yes, for people over age 21.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

Efficiency and Effectiveness Measures:



Nursing Facility Occupancy		
FY	Actual	Projected
2003	73.3%	
2004	72.5%	
2005	72.8%	
2006		72.8%
2007		72.8%
2008		73.0%

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$77,579,168	$89,824,139	$100,790,642	$102,585,653
FEDERAL	$260,539,046	$268,727,029	$286,416,373	$270,226,830
OTHER	$80,675,270	$77,779,582	$77,825,168	$61,899,676
TOTAL	$418,793,484	$436,330,750	$465,032,183	$434,712,159

What are the sources of other funds?

Uncompensated Care Fund, Nursing Facility Federal Reimbursement Allowance, Healthy Families Trust Fund-Health Care Account, Third Party Liability Collections Fund and Intergovernmental Transfer Fund (not available in FY-2006)

How many people have been served?

Average Monthly Nursing Facility Users		
FY	Actual	Projected
2003	24,970	26,674
2004	24,694	25,469
2005	25,677	24,500
2006		26,447
2007		26,447
2008		26,447

Paid Patient Days		
FY	Actual	Projected
2003	9.1 mil	9.3 mil
2004	8.9 mil	9.2 mil
2005	8.9 mil	9.1 mil
2006		9.0 mil
2007		9.0 mil
2008		9.1 mil

Rehab and Specialty Services

What does this appropriation support?

It provides payment for audiology, optometrics, durable medical equipment, ambulance, rehabilitation services, hospice, comprehensive day rehabilitation, disease management and diabetes self-management training for Medicaid/MC+ recipients.

What is its statutory authority?

State statute: RSMo. 208.152; Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

Is this a federally mandated program?

No for adults. Yes for children.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$35,976,532	$34,150,159	$45,445,595	$40,668,735
FEDERAL	$62,181,907	$56,675,554	$73,394,229	$67,868,494
OTHER	$1,026,612	$1,020,780	$1,020,780	$1,020,780
TOTAL	$99,185,051	$91,846,493	$119,860,604	$109,558,009

What are the sources of other funds?

Health Initiatives Fund and Healthy Families Trust Fund-Health Care Account

Who is eligible?

Rehab and specialty services are available to Medicaid eligibles under the age of 21, pregnant women, or blind persons. In those regions of the state where MC+ managed care has been implemented enrollees have rehab and specialty services available through the MC+ managed care health plans.

How many people have been served?

Average Monthly Users of Rehab and Specialty Services

FY	Actual	Projected
2003	40,123	
2004	47,918	
2005	51,178	
2006		8,526*
2007		8,526*
2008		8,526*

Average Monthly DME Users

FY	Actual	Projected
2003	21,437	
2004	24,899	
2005	25,327	
2006		2,139*
2007		2,139*
2008		2,139*

Average Monthly Hospice Users

FY	Actual	Projected
2003	855	
2004	935	
2005	1,317	
2006		1,305
2007		1,305
2008		1,305

*Reduction in services are based on reduction of eligible Medicaid recipients in SFY-2006.

Non-Emergency Medical Transportation

What does this appropriation support?

It provides payments for non-emergency medical transportation (NEMT) for Medicaid recipients who do not have access to free transportation to scheduled Medicaid-covered services.

What is its statutory authority?

State statute: RSMo. 208.152, Federal regulation: 42 CFR 431.53 and 440.170

Is this a federally mandated program?

Yes, state Medicaid programs must assure availability of medically necessary transportation.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding. States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%. For those public entities with cooperative agreements with DMS who use state and local general revenue to transport Medicaid eligible individuals, DMS provides payment of the federal share for these services.

How many people have been served?

Average Monthly NEMT Users		
FY	Actual	Projected
2003	10,153	
2004	12,074	
2005	12,182	14,223
2006		14,215
2007		16,632
2008		19,459

Number of Trips		
FY	Actual	Projected
2003	638,406	
2004	784,177	
2005	720,261	921,408
2006		840,461
2007		983,339
2008		1,150,507

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$7,762,000	$12,776,589	$18,139,613	$10,967,225
FEDERAL	$11,441,165	$15,176,589	$22,242,133	$21,676,443
OTHER	$0	$0	$0	$0
TOTAL	$19,203,165	$27,953,178	$40,381,746	$32,643,668

What are the sources of other funds?

Not applicable.

Who is eligible?

NEMT is available to all Medicaid eligibles except SCHIP and 1115 adults. NEMT is included in MC+ managed care health benefits.

Managed Care MC+

What does this appropriation support?

It provides funding for capitation payments to managed care health plans on behalf of MC+ eligibles enrolled in managed care.

The Division of Medical Services (DMS) operates an HMO-style managed care program, MC+ Managed Care. Health plans contract with the state and are paid a monthly capitation payment for providing services for each enrollee. Participation in MC+ Managed Care is mandatory for certain Medicaid eligibility groups within the regions in operation. The mandatory groups are: Medical Assistance for Families-Adults and Children, Medicaid for Children, Refugees, Medicaid for Pregnant Women, Children in State Care and Custody, and 1115 Waiver Children (MC+ for Kids) and Adults. Those recipients who receive Supplemental Security Income (SSI), meet the SSI medical disability definition or get adoption subsidy benefits may stay in MC+ Managed Care or may choose to receive services on a fee-for-service basis. The MC+ Managed Care program is currently operating in the Eastern Region since September 1, 1995, in the Central Region since March 1, 1996, and in the Western Region since January 1, 1997.

What is its statutory authority?

State statute: RSMo. 208.166; Federal law: Social Security Act Sections 1115, 1902(a)(4), 1903(m), 1915(b), 1932; Federal regulations: 42 CFR 438

Is this a federally mandated program?

Managed care covers most services available to fee for service eligibles. As such, both mandatory and non-mandatory services are included. Services not included in managed care are available fee for service.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$87,954,600	$157,811,349	$186,524,842	$162,418,851
FEDERAL	$385,254,847	$464,941,521	$502,605,502	$554,297,358
OTHER	$151,815,336	$127,899,647	$128,770,210	$173,552,840
TOTAL	$625,024,783	$750,652,517	$817,900,554	$890,269,049

What are the sources of other funds?

Federal Reimbursement Allowance Fund, Health Initiatives Fund, Healthy Families Trust Fund-Health Care Account and Medicaid Managed Care Organization Reimbursement Allowance Fund (new in FY-2006)

Who is eligible?

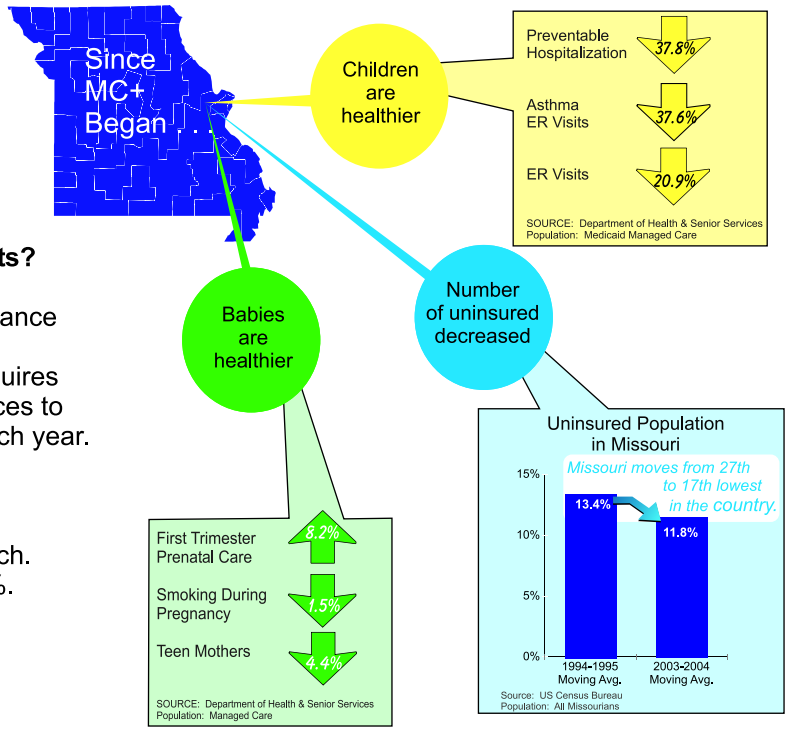
Participation in MC+ managed care for those areas of the state where it is available is mandatory for these eligibility categories:

- Medical Assistance for Families
- Medicaid for Children
- Refugees
- Medicaid for Pregnant Women
- Children in State Care and Custody
- 1115 Waiver Adults and Children

How many people have been served?

Managed Care Enrollees (Excludes 1115 Waiver Eligibles)		
FY	Actual	Projected
2003	377,605	
2004	381,937	
2005	375,250	
2006		382,633
2007		399,852
2008		417,845

Efficiency and Effectiveness Measures:



Hospital Care

What does this appropriation support?

It provides payment for inpatient and outpatient hospital services for fee for service Medicaid/MC+ recipients.

What is its statutory authority?

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f); Federal regulations: 42 CFR 440.10 and 440.20

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

Who is eligible?

Inpatient and outpatient services are available to all fee for service Medicaid/MC+ eligibles. In those regions of the state where MC+ managed care has been implemented enrollees have hospital services available through the MC+ managed care health plans.

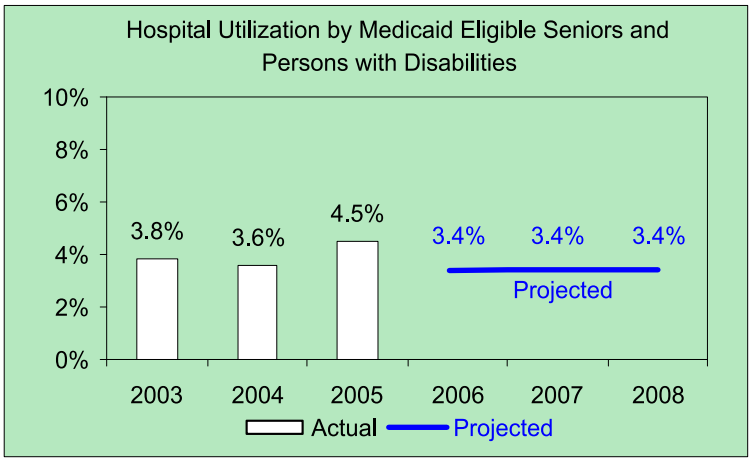
What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$16,146,080	$21,511,786	$50,565,094	$20,288,779
FEDERAL	$299,697,552	$357,475,222	$377,946,956	$403,648,675
OTHER	$203,793,941	$183,826,682	$188,890,792	$229,027,331
TOTAL	$519,637,573	$562,813,690	$617,402,842	$652,964,785

What are the sources of other funds?

Uncompensated Care Fund, Federal Reimbursement Allowance Fund, Health Initiatives Fund, Healthy Families Trust-Health Care Account, Third Party Liability Collections Fund and Intergovernmental Transfer Fund (not available in FY-2006)

Efficiency and Effectiveness Measure:



How many people have been served?

Average Monthly Hospital Services Users		
FY	Actual	Projected
2003	92,392	
2004	100,604	
2005	102,883	
2006		104,941
2007		107,040
2008		109,181

Number of Inpatient Days (Thousands)		
FY	Actual	Projected
2003	600.8	516.5
2004	585.8	606.8
2005	640.9	612.9
2006		698.6
2007		761.5
2008		830.0

Number of Outpatient Services (Thousands)		
FY	Actual	Projected
2003	4,922.0	3,400.0
2004	5,887.0	5,168.0
2005	6,943.2	7,064.0
2006		8,193.0
2007		9,667.7
2008		11,407.9

Tier 1 Safety Net Hospitals

What does this appropriation support?

It provides payments for Medicaid clients and the uninsured through tier 1 safety net hospitals. Safety net hospitals traditionally see a high volume of Medicaid/uninsured patients. This program was established to provide a funding mechanism to enhance payments to these hospitals.

What is its statutory authority?

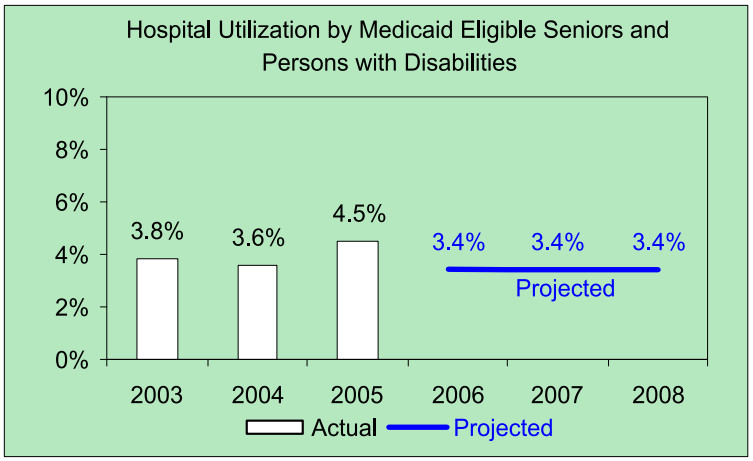
State statutes: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f); Federal regulations: 42 CFR 440.10 and 440.20

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%. For those public entities identified above who use state and local general revenue to provide eligible services to Medicaid eligible individuals, DMS provides payment of the federal share for these eligible services.

Efficiency and Effectiveness Measures:



What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$0	$0
FEDERAL	$0	$2,988,890	$5,337,913	$8,000,000
OTHER	$0	$0	$0	$0
TOTAL	$0	$2,988,890	$5,337,913	$8,000,000

What are the sources of other funds?

Not applicable.

Federally Qualified Health Center (FQHC) Grants

Federally Qualified Health Center (FQHC) Grants

What does this appropriation support?

It allows Federally Qualified Health Centers to provide more services in their facilities and improve access to health care for the uninsured and under-insured. Grant funds are used for capital expansion, infrastructure redesigning and primary health care for the uninsured.

What is its statutory authority?

State statutes: RSMo. 208.153, 208.201, 660.026;
Federal law: Social Security Act Section 1905(a)(2);
Federal regulation: 42 CFR 440.210, 440.500

Is this a federally mandated program? No.

Are there federal matching requirements?

This is a state-only program using 100% General Revenue funding.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$1,854,375	$6,462,500	$8,000,000
FEDERAL	$0	$0	$0	$0
OTHER	$2,683,958	$0	$0	$0
TOTAL	$2,683,958	$1,854,375	$6,462,500	$8,000,000

What are the sources of other funds?

FY-2003 - Intergovernmental Transfer Fund

Who is eligible?

These are grants to FQHC sites.

How many people are served?

FQHC Users by Service

Calendar Year	Medical		Dental		Mental Health	
	Actual	Projected	Actual	Projected	Actual	Projected
2003	215,101	216,312	49,160	46,458	7,050	6,081
2004	222,351	227,128	66,380	48,781	11,007	6,385
2005		229,022		76,337		13,318
2006		235,893		87,788		16,115
2007		235,893		87,788		16,115
2008		235,893		87,788		16,115

Federal Reimbursement Allowance (FRA)

Federal Reimbursement Allowance (FRA)

What does this appropriation support?

The FRA program and provides ongoing reimbursement for hospital services and managed care premiums provided to Medicaid clients and the uninsured.

What is its statutory authority?

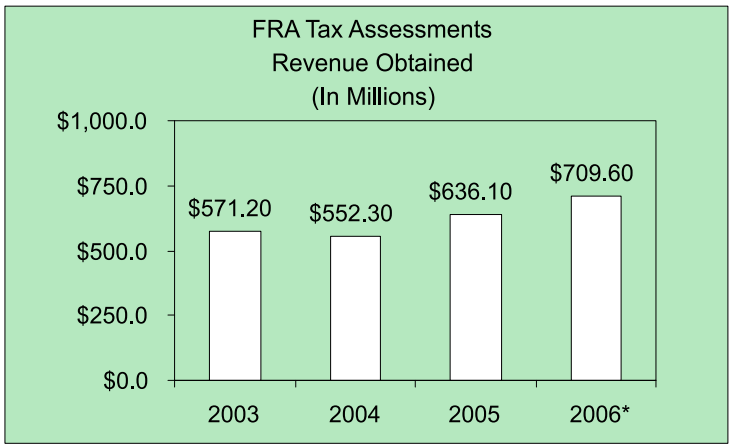
State statute: RSMo. 208.453; Federal law: Social Security Act Section 1903(w); Federal regulation: 42 CFR 443 Subpart B

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%. The hospital assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

Efficiency and Effectiveness Measure:



*2006 is an estimate

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$0	$0
FEDERAL	$0	$0	$0	$0
OTHER	$400,661,392	$455,487,696	$578,489,422	$519,667,244
TOTAL	$400,661,392	$455,487,696	$578,489,422	$519,667,224

What are the sources of other funds?

Federal Reimbursement Allowance Fund

Who is eligible?

FRA payments are made on behalf of Medicaid eligibles and the uninsured accessing hospital services.

Health Care Access 1115 Waiver Adults

What does this appropriation support?

It provides funding for health care services to adult Medicaid clients covered by the 1115 waiver and its expansion. Medicaid clients covered through the 1115 waiver include only Women's Health Services. Other populations lost coverage as a result of a core reduction in FY-2003 and FY-2006.

What is its statutory authority?

State statute: RSMo. 208.040; Federal law: Social Security Act Sections 1115 and 1923(a)-(f); Federal regulations: 42 CFR 438 and 433 Subpart B and 412.106

Is this a federally mandated program? No.

Are there federal matching requirements?

Most of the Women's Health Services are eligible for an enhanced 90% federal match, requiring a state match of only 10%.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 * Planned
GR	$370,160	$1,734,194	$0	$697,518
FEDERAL	$2,985,868	$3,076,630	$2,690,641	$1,824,558
OTHER	$1,307,573	$236,821	$1,545,292	$198,167
TOTAL	$4,663,601	$5,047,645	$4,235,933	$2,720,243

*Reduction due to elimination of Extended Transitional Medical Assistance (ETMA)

What are the sources of other funds?

Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund and Intergovernmental Transfer Fund (not available in FY-2006)

Who is eligible?

Services are available for Women's Health Services.

How many people are served?

Women's Health Services		
SFY	Actual	Projected
2003	9,789	
2004	9,511	
2005	10,025	
2006		10,526
2007		11,053
2008		11,605

CHIP 1115 Waiver for Children

CHIP 1115 Waiver for Children

What does this appropriation support?

It provides for eligibility for health care services to Medicaid clients covered through the 1115 waiver. This provides coverage to the uninsured children above existing Medicaid eligibility limits up to 300% of poverty.

How many people are served?

Children Receiving Services by Percent of Federal Poverty Level

SFY	101-150%		151-185%		186-225%		226-300%*	
	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected
2003	39,598		27,518		16,472		1,236	
2004	41,210		28,638		17,463		1,582	
2005	42,075		29,239		19,062		1,789	
2006		47,240		20,868		10,604		2,737
2007		47,240		20,868		10,604		2,737
2008		47,929		21,171		10,759		2,777

*Reflects only those paying a premium.
Note: Premiums for 151-225% FPL required as of September 2005. FY-2003-2005 projections did not breakout number of children by the same poverty level increments as reported above.

What is its statutory authority?

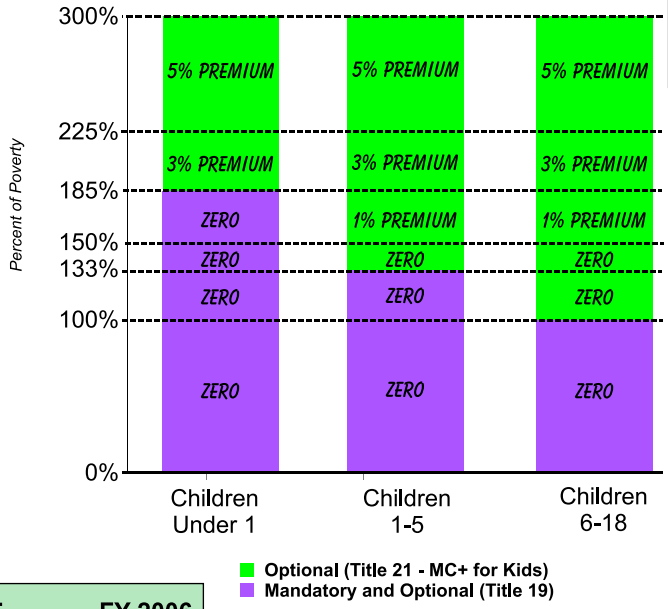
State statute: RSMo. 208.631 through 208.657; Federal law: Social Security Act Sections 1115, 1923(a)-(f), and 2101 through 2110; Federal regulations: 42 CFR 438, 433 Subpart B and 412.106

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Missouri's enhanced CHIP FMAP for FY-2007 is a blended 73.18% federal match. The state matching requirement for the CHIP program is 26.82%.

Medicaid/MC+ for Kids Eligibility for Children With Applicable Premium



What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$10,807,418	$1,976,910	$34,048	$18,781,285
FEDERAL	$67,374,822	$69,436,008	$81,118,944	$98,514,085
OTHER	$13,630,701	$13,875,056	$30,381,758	$20,264,880
TOTAL	$91,812,941	$85,287,974	$111,534,750	$137,560,250

What are the sources of other funds?

Pharmacy Rebates Fund, Federal Reimbursement Allowance Fund, Pharmacy Reimbursement Allowance Fund, Health Initiatives Fund, Premium Fund, Intergovernmental Transfer Fund (not available in FY-2006) and Medicaid Managed Care Organization Reimbursement Allowance Fund (new in FY-2006)

Who is eligible?

Children above existing Title XIX Medicaid eligibility limits up to 300% of poverty.

Uncompensated Care

What does this appropriation support?

It provides ongoing funding to reimburse for health care services provided to the uninsured in St. Louis region through a primary care safety net system.

What is its statutory authority?

State statute: RSMo. 208.152, 208.153; Federal law: Social Security Act Sections 1115, 1923(a)-(f); Federal regulation: 42 CFR 412.106

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%. The payments made to the St. Louis Regional DSH Funding Authority are allowed under the 1115 waiver. Certified public expenditures are utilized to satisfy the state matching requirement and draw down the federal funds.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2005 Planned
GR	$0	$0	$0	$0
FEDERAL	$26,988,103	$21,659,018	$23,600,075	$25,000,000
OTHER	$0	$0	$0	$0
TOTAL	$26,988,103	$21,659,018	$23,600,075	$25,000,000

What are the sources of other funds?

Not applicable.

Nursing Facility Reimbursement Allowance

What does this appropriation support?

It provides enhanced payments for long-term care for Title XIX recipients.

What is its statutory authority?

State statute: RSMo. 198.401; Federal law: Social Security Action Section 1903(w); Federal regulation: 42 CFR 443, Subpart B

Is this a federally mandated program? No.

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%. The nursing facility assessments serve as the general revenue equivalent to earn Medicaid federal reimbursement.

Who is eligible?

Nursing Facility Federal Reimbursement Allowance (NFFRA) payments are made on behalf of Medicaid eligibles for long-term care services.

How many people are served?

Average Monthly Nursing Facility Users

FY	Actual	Projected
2003	24,970	26,674
2004	24,694	25,469
2005	25,677	24,500
2006		26,447
2007		26,447
2008		26,447

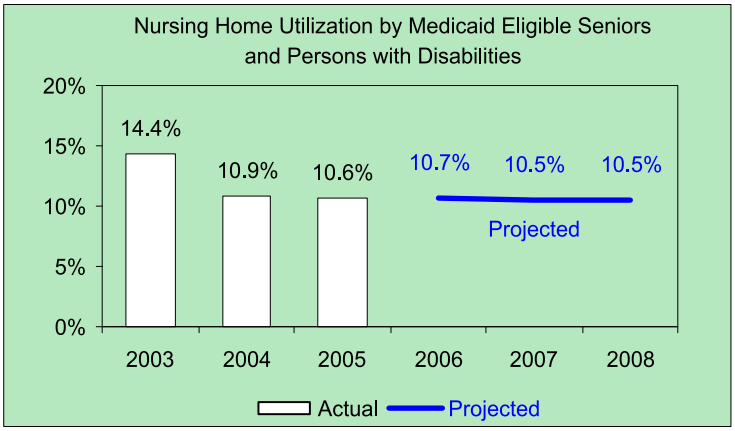
What are the expenditures?

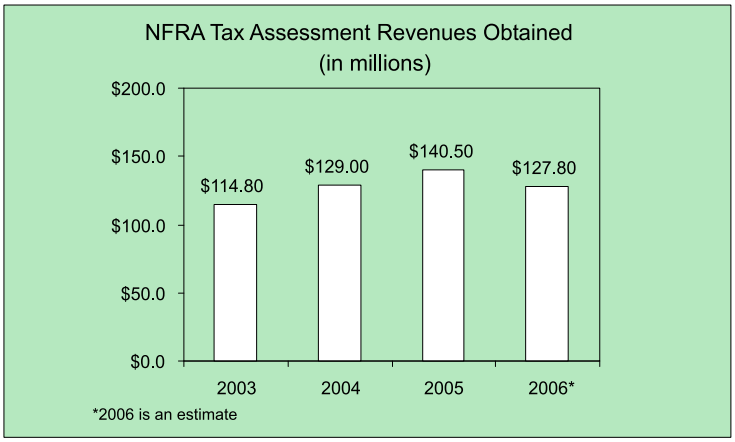
	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$0	$0	$0	$0
FEDERAL	$0	$0	$0	$0
OTHER	$180,292,169	$175,671,758	$235,281,414	$206,889,439
TOTAL	$180,292,169	$175,671,758	$235,281,414	$206,.889,439

What are the sources of other funds?

Nursing Facility Federal Reimbursement Allowance Fund.

Efficiency and Effectiveness Measures:





State Medical

What does this appropriation support?

It provides payment for services for State Medical eligibles. State Medical eligibles are individuals who do not meet categorical criteria for Title XIX.

What is its statutory authority?

State statutes: RSMo. 208.151, 208.152, 191.831

Is this a federally mandated program? No.

Are there federal matching requirements? No.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$22,020,970	$34,846,543	$37,140,168	$25,328,618
FEDERAL	$0	$0	$0	$0
OTHER	$11,199,527	$0	$54,680	$1,188,924
TOTAL	$33,220,497	$34,846,543	$37,194,848	$26,517,542

What are the sources of other funds?

Health Initiatives Fund and Pharmacy Federal Reimbursement Allowance Fund

Who is eligible?

Eligibles include General Relief, Child Welfare Services, Blind Pension, Presumptive Eligibility for Pregnant Women, Division of Youth Services General Revenue.

How many people are served?

State Medical Recipients by Category

SFY	Child Welfare Services		Blind Pension		Presumptive Eligibility For Pregnant Women		DYS - GR	
	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected
2003	583	489	2,839	2,791	1,377	0	576	596
2004	615	583	2,835	2,791	1,330	0	564	576
2005	677	630	2,857	2,839	1,477	0	504	576
2006		745		3,143		1,580		510
2007		820		3,143		1,580		510
2008		902		3,143		1,580		510

Medicaid Supplemental Pool

What does this appropriation support?

It provides funding for the division to respond to unanticipated changes in the cost of providing health care to Medicaid recipients.

What is its statutory authority?

The legal authority for the Supplemental Pool is the authority associated with each appropriation. See each program description for the specific federal and state authority.

Is this a federally mandated program?

The Medicaid Supplemental Pool supports both mandated and non-mandated programs. See each program description for specifics.

Are there federal matching requirements?

The federal matching requirements for the Medicaid Supplemental Pool are the requirements associated with any of the Medicaid programs paid from the supplemental pool. See each program description for specific federal matching requirements.

What are the expenditures?

	FY 2003* Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	$57,519,007	$6,179,414	$49,991,626	$0
FEDERAL	$263,693,368	$112,764,955	$110,634,008	$24,107,486
OTHER	$90,264,594	$95,937,457	$15,145,145	$11,590,599
TOTAL	$411,476,969	$214,881,826	$175,770,779	$35,698,085

*Includes FY 2003 includes UPL maximization transactions

What are the sources of other funds?

Third Party Liability Collections Fund, Premium Fund, Nursing Facility Federal Reimbursement Allowance Fund, Uncompensated Care Fund, Pharmacy Rebates Fund, Federal Reimbursement Allowance Fund and Intergovernmental Transfer Fund (not available in FY-2006)

Supplemental Pool Payments by Services	FY 2003	FY 2004	FY 2005
Pharmacy	$50,633,763	$55,667,493	$5,079,767
Physician	$85,859,361	$60,051,457	$66,614,598
Dental	$12,859,685	$22,786,492	$5,246,342
Premium Payments	$798,847	$3,708,058	$6,926,710
Home & Community Based Services	$0	$40,116	$0
Nursing Facilities	$4,267,871	$380,000	$10,488,972
Telephone Reassurance	$0	$0	$2,097
Rehab & Specialty Services	$19,416,208	$22,442,764	$21,784,471
Non-Emergency Medical Transportation	$6,026,485	$13,677,899	$0
Managed Care	$59,186,201	$8,675,665	$4,447,408
Hospital Care	$26,167,396	$10,737,113	$24,843,767
1115 Waiver - Adults	$0	$369,721	$0
1115 Waiver - Children	$235,972	$16,345,048	$3,399,176
DESE Services	$1,774,180	$0	$25,852
State Medical	$0	$0	$0
UPL Maximization Transactions	$144,251,000	$0	$26,911,619
Total	$411,476,969	$214,881,826	$175,770,779

Missouri Rx Plan

What does this appropriation support?

It is a pharmacy benefit program for certain elderly and disabled Missourians that replaces the Senior Rx program effective January 2006.

S.B. 539 (2005) established a state pharmaceutical assistance program to be known as the Missouri Rx Plan. The purpose of this program was to provide certain pharmaceutical benefits to certain elderly and disabled Missourians, to facilitate coordination of benefits between the Missouri Rx plan and the federal Medicare Part D drug program and enroll such individuals in the plan. As the program will not begin until January, 2006, details on the Missouri Rx Plan program are currently in development.

What is its statutory authority?

State: RSMo. 208.780 through 208.798; Federal law: Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173.

Is this a federally mandated program?

No. This program is funded with 100% state sources.

Are there federal matching requirements? No.

What are the expenditures?

New program in FY-2006. FY-2006 planned expenditures are unknown at this time.

What are the sources of other funds?

Missouri Rx Plan Fund

Home Health & PACE

What does this appropriation support?

It funds Home Health services and PACE programs that help Medicaid recipients remain in their homes instead of seeking institutional care.

Home Health - Services provide primarily medically oriented treatment or supervision, on an intermittent basis, to homebound individuals with an acute illness which can be therapeutically managed at home. The care follows a written plan of treatment established and reviewed every 62 days by a physician. Services included in the home health benefit are skilled nursing, home health aide, physical, occupational and speech therapies, and supplies.

Home health services are reimbursed on a per visit basis. A visit is a personal contact for a period of time, not to exceed 3 hours in a client's home. Payment for the visit is the lower of: the provider's actual billed charge; the Medicare rate in effect as of the date of service; or the state Medicaid agency established capped amount. The current Medicaid cap is $61.79. The cap was increased by $1.92 (from $59.87) in FY 2006.

PACE - This program maximizes each participant's potential and continued residence in the home and community by providing preventive primary care and supports to the individual while in their home and community. In other words, PACE helps the participant stay as independent as possible. The PACE organization is the individual's sole source provider, guaranteeing access to services but not to a specific provider.

The PACE organization provides a full range of preventive, primary, acute, and long-term care services 24 hours per day, 7 days per week, in an adult day health center setting. All medical services the individual requires while enrolled in PACE are the financial responsibility of the PACE provider.

PACE combines adult day settings, home care, interdisciplinary teams, transportation systems, and capitated payment systems so that providers can respond to the unique needs of each frail, elderly individual served.

What is its statutory authority?

State statute: RSMo. 208.152, 208.168; Federal law: Social Security Act Section 1905(a)(24), 1905(a)(7) and 1915(c); Federal Regulations: 42 CFR 440.170(f), 440.210, 440.130, 440.180 and 460; Federal Law: Social Security Act, Sections 1894, 1905(a) and 1934

Is this a federally mandated program?

Mandatory status depends on eligibility category and age of recipient. (Most services are optional: personal care, adult day health care, waiver for aged and disabled, AIDS waiver, physical disabilities waiver and independent living waiver.)

Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

What are the expenditures?

In FY-2006 Home and Community Based services were transferred to Department of Health and Senior Services. Home Health and PACE funding remained in the DSS budget in SFY-2006.

What are the sources of other funds?

N/A

Who is eligible for these services and how many people are served?

Home Health services are available to all Medicaid/ MC+ eligibles, however, certain criteria (medical need or age requirement) must be met before recipients can receive services.

Average Monthly Users of Home Health Services

SFY	Actual	Projected
2003	881	
2004	842	
2005	1,030	
2006		1,204
2007		1,407
2008		1,645

PACE recipients include dual eligibles, Medicaid eligibles and Medicare only eligibles.

PACE Recipients

SFY	Actual	Projected
2003	182	
2004	175	
2005	164	
2006		164
2007		175
2008		187

Department of Elementary and Secondary Education (DESE)

What does this appropriation support?

It provides funding for payments for school-based administrative services and school-based EPSDT services.

The Department of Elementary and Secondary Education (DESE) core appropriation provides funding for payment for school-based administrative services and school-based Early Periodic Screening, Diagnosis and Treatment (EPSDT) services consisting of medical/dental screenings, diagnosis and treatment to correct or improve defects and chronic conditions. An interagency agreement is in place between the Division of Medical Services and the DESE so that cooperative efforts would be used to provide the most efficient administration of the EPSDT program. The provision of EPSDT administration by DESE has been determined to be an effective method of coordinating services and improving care associated with providing identified services which are beyond the scope of the state plan but which are medically necessary and Medicaid covered services. The federal share of expenditures for these services provided by DESE are being paid through this appropriation.

What is its statutory authority?

The authority for this appropriation is the authority associated with the services reflected above.

Is this a federally mandated program? No.

Are there federal matching requirements?

Medicaid administrative expenditures earn a 50% federal match. For every dollar spent, DSS can earn $0.50 in federal funding. States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005* Actual	FY 2006 Planned
GR		$0		$69,954
FEDERAL		$31,850,381		$33,299,954
OTHER		$0		$0
TOTAL		$31,850,381		$33,369,908

**FY 2005 appropriation transferred to the DESE

What are the sources of other funds?

N/A

Who is eligible for these services?

Any school district in the state.

How many people are served?

Participating School Districts		
SFY	Actual	Projected
2003	300	
2004	319	
2005	358	
2006		380
2007		380
2008		380